

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Congressional Leadership Fund		FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee American Media & Advocacy Group		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 815 Slaters Lane		Amount 464969.52	
City Alexndria	State VA	Zip Code 22314	Transaction ID : 001
Purpose of Expenditure TV/media placement	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 10 / 2014	
Name of Federal Candidate Gwen Graham		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought 536969.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee IMGE		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 603 King Street 4th Floor		Amount 52000.00	
City Alexandria	State VA	Zip Code 22314	Transaction ID : 002
Purpose of Expenditure Digital advertising	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 14 / 2014	
Name of Federal Candidate Gwen Graham		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought 536969.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	516969.52
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Caleb Crosby

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

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(Schedule E)

PAGE	2	OF	2
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) Congressional Leadership Fund		FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Scott Howell & Company		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 3900 Willow Street Suite 200		Amount 20000.00	
City Dallas	State TX	Zip Code 75226	Transaction ID : 003
Purpose of Expenditure TV/media production	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014	
Name of Federal Candidate Gwen Graham		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/ Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	20000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....▶	536969.52

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